IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 7, 2002

Re: IRO Case # M2-02-0630-01

Texas Workers' Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

> This case involves a 41-year-old female who performed repetitive clerical work for many years prior to presenting with bilateral wrist and forearm pain, as well as hand paresthesias. Her symptoms ultimately worsened after ___, when she was performing a lot of overtime work. In addition, proximal migration of the pain to the neck and shoulder occurred. The patient was treated for bilateral cubital tunnel syndrome, with work restrictions and anti-inflammatory medications, without success. Nerve conduction / EMG studies revealed bilateral cubital tunnel syndrome (moderate to severe). Surgery was recommended, as the patient had not responded to the above-stated treatment. Repeat nerve conduction studies were obtained which confirmed the diagnosis.

I agree with the carrier's decision to deny the requested surgery. As a fellowship-trained hand surgeon, I see many patients such as this patient with nerve compression symptoms. Night time elbow splinting often resolves symptoms. There is no record in the notes of a trial of night time elbow splinting. If the patient continues to have significant symptoms after 6 to 8 weeks of splinting, ulnar nerve transposition would then be warranted.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2))..

Sincerely,

_____

President

MDR Tracking No. M2-02-0630-01
In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of June 2002.

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